

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	PA	70385	
O.I.P.E. CLASSIFIER		49	11/30/98
FORMALITY REVIEW	DB	05373	12-2-98

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date									
Final	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11
Original	10/26	10/27	10/28	10/29	10/30	10/31	10/32	10/33	10/34	10/35
1	V	V	V	V	A	V				
2	V	V	V	V	V	V	V	V	V	V
3	V	V	V	V	V	V	V	V	V	V
4	V	V	V	V	V	V	V	V	V	V
5	V	V	V	V	V	V	V	V	V	V
6	V	V	V	V	V	V	V	V	V	V
7	V	V	V	V	V	V	V	V	V	V
8	V	V	V	V	V	V	V	V	V	V
9	V	V	V	V	V	V	V	V	V	V
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If more than 150 claims or 10 actions  
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